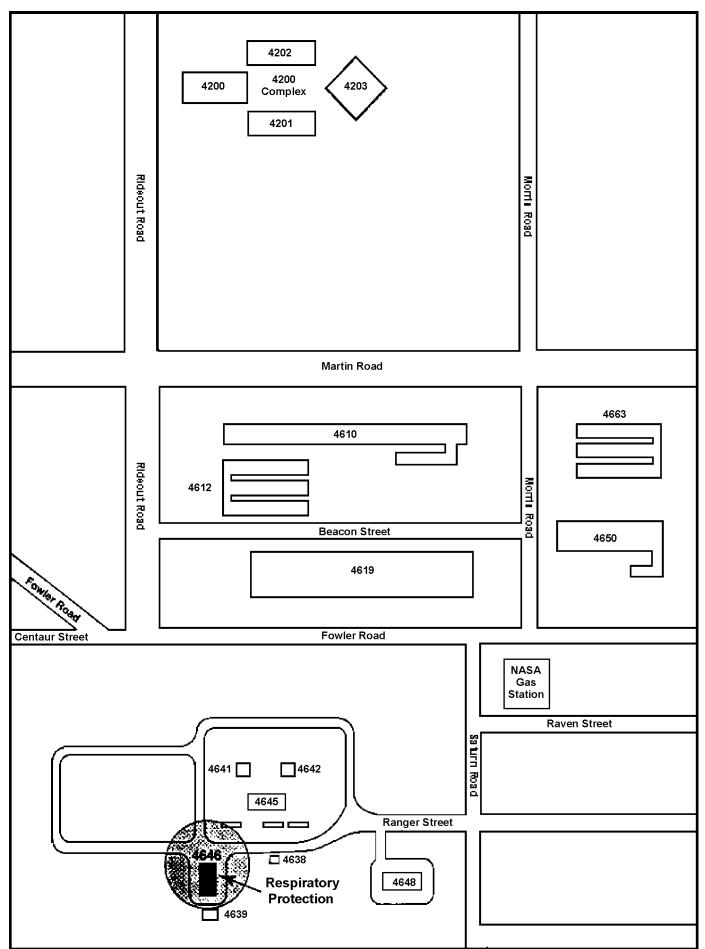
RESPIRATORY	Y PROT	ECTION	PROGRAM	RECORD FO	OR ARMY S	UPPORT	
Name: (Last)	(First)		(Middle)	Phone:	Building:	Date:	
E-mail address:				Office Code:	Job Title:		
Social Security Number: MACOM:							
Name of Supervisor:				Supervisor's Phone:			
Industrial Hygienist Signature that Employee "Potential Occupational Exposure" is Accurate:				Recommended Type of Respirator (Occupational Health, Building 116; 876-8856 or 57):			
CHEMICALS (check if applic		TENTIAL (OCCUPATION	IAL EXPOSUR	E		
` , , , , , , , , , , , , , , , , , , ,	Photographic Adhesives			Formald	Formaldehyde Lubricants/Oils		
Paints	Cryogenics		Isocyanates Benzene		Compressed Gas PCBs		
Solvents				Treatment Chemicals			
Resins	Ammonia			Pesticides/Herbicides/Insecticides			
Other (Explain):							
Explain use:							
METALS/DUSTS/FIBERS (c	heck if appl	icable)					
Lead	_ Fiberglass		Soldering Fume	mes Nickel		Beryllium	
Mercury	Asbestos		Chromium	Arsenic Nuisance Dusts			
Cadmium	Cadmium Welding Fumes		Silica/Abrasive	Silica/Abrasive Blasting Media			
Other (Explain):							
Explain use:							
		PHYS	SICIAN'S APP	ROVAL			
Action Taken:	Type of A	Action:	Signature of Phys	sician:		Date:	
Approved		Initial Issuance					
 Disapproved							
Use test required	Annual Review						
Corrective lenses require	ed						
	·	FUNI	DING INFORM	IATION			
Funding for these services has been	en made to R	ASA.					
Building 4488, Room A203 Phone Number: 876-7421 FAX Number: 842-2335		R	ASA Verification Sign	ature		Date	



Page 2 - MSFC Form 3790-1 (Rev. July 2002)